**Permit # _____**

# WALTON COUNTY BUILDING DEPARTMENT

## FINAL INSTALLATION AFFIDAVIT – NEW ROOF / RE-ROOF/ ROOF OVER

BUILDING CONTRACTORS NAME: _____

I _____, licensed as a Roofing Contractor, Contractor,
(Please print name and circle Installer)

or Homeowner (License # _____) did install the New Roof / Re-Roof /

Roof Over per the Manufacturer's Installation Instructions and the Florida Building Code at

_____
(job site address)

Sign only in the presence of a Notary: _____
Signature

State of Florida
County of_____

Sworn to, subscribed and acknowledged before me by means of ☐ physical presence or ☐ online notarization, on this _____ day of _____, 20_____
by _____ who ☐ is personally known to me or ☐ produced identification _____.

_____
Notary Public

(Notary Seal)

**This form must be on file at the Building Department prior to calling for a C/C or C/O inspection.**

**Effective for permits issued on or after 09-16-08**

Form Revised 08/05/21